

## Grant Selection Process Report (Planning Grant)

|                         |   |                      |     |
|-------------------------|---|----------------------|-----|
| <b>Legal Applicant:</b> | University of Maine System – UMaine Center on Aging | <b>Program name:</b> | N/A |
| <b>Recommendation:</b>  | Recommend for funding                               |                      |     |
| <b>Peer Reviewers:</b>  | Tony Inhorn, Luke Shorty                            |                      |     |

|                        |  |                        |                       |
|------------------------|--|------------------------|-----------------------|
| <b>Grant Category:</b> | <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Competitive<br><input type="checkbox"/> Other Competition | <b>Start/End Date:</b> | 8/1/2020 to 7/31/2021 |
|------------------------|--|------------------------|-----------------------|

|                          |                       |                              |                     |
|--------------------------|-----------------------|------------------------------|---------------------|
| <b>ME Priority Area:</b> | [ Capacity building ] | <b>Fed Priority Area(s):</b> | [ Healthy Futures ] |
|--------------------------|-----------------------|------------------------------|---------------------|

| Request for New Resources  |             | CNCS                         | Local |
|----------------------------|-------------|------------------------------|-------|
| <b>New CNCS Funds:</b>     | \$49,971.00 | <b>Cost sharing proposed</b> | 79.2% |
| <b>Match Committed:</b>    | \$13,169.00 | <b>Min. Match required</b>   | 20.8% |
| <b>Total Grant Budget:</b> | \$63,140.00 |                              | 0 %   |

### Statement of Need (from application narrative):

The focus of the proposed Lifelong Communities (LC) AmeriCorps program will be ongoing and long-term COVID-19 recovery with a focus on increasing resiliency through local capacity building that is rooted in the World Health Organization's (WHO) Age-Friendly framework. The ongoing COVID-19 pandemic has created challenges in rural communities as the rate of COVID-19 infection spreads and deaths escalate in rural areas, especially among older people with multiple chronic conditions. The median age of residents in rural Maine is 45.2 years, nearly two years older than those in urban Maine (43.3 years) (Ref 1). Due to the high proportion of older adults residing in rural areas and the higher rate of disease and disability, this growth trend is concerning (Ref 2). The pandemic has challenged rural areas, in particular, because many lack the infrastructure, person power, and support to mount a long-term community recovery effort. Before the pandemic, rural Mainers struggled to find safe and convenient transportation options, afford healthy food, access primary and specialty medical care, and participate in activities to stay physically healthy and socially connected. All of those challenges have been amplified by the pandemic. Communities that were struggling with these issues prior to COVID-19, will find it even more difficult to meet needs during the economic downturn that is expected to follow.

The pandemic is not only challenging communities but also the nonprofit sector as a whole. All nonprofit organizations surveyed via the Maine Association of Nonprofits indicated that over the longterm, they anticipated a high-level of COVID-19-related impact on their work in the communities. Recent COVID-19 needs assessment data compiled by the UMaine Center on Aging (CoA) in collaboration with the United Way of Eastern Maine, suggests that Penobscot, Piscataquis, Washington, Waldo, and Hancock Counties face high-need COVID-19 response issues, a projected focus of this proposed AmeriCorps initiative. Based on 2-1-1 resource requests, it is clear that residents in this region of the state have pressing basic needs to be addressed by both nonprofits and local communities including healthcare, housing, and other basic needs (Ref 3).

Additional community-level needs have been identified during recent check-in conversations conducted by AARP Maine with 71 community leaders who are members of the AARP Network of Age-Friendly States and Communities or other lifelong community initiatives (calls/emails between May 15 and May 26). Of the communities contacted, 39 were actively engaged with a community COVID-19 response effort and 17 were working on lifelong community goals but were not directly involved with the COVID-19 response.

The 39 communities that are actively partnering within their communities to address needs during the pandemic identified the following challenges in responding to COVID-19 and supporting local older adults: 1) The need for accurate, timely information about the pandemic and about services and supports to older people, some of whom do not have access to "smart" technology; 2) The need to provide food to people who, pre-COVID-19, participated in congregate dining; 3) The need for help with errands (medication and groceries); and 4) The need to keep people socially connected, while providing the supports needed to keep them physically distanced.

**Program Summary (from application):**

The University of Maine Center on Aging proposes a planning grant to ultimately have five AmeriCorps members who will support COVID-19 long-term recovery response by completing direct service and capacity building work in select rural Maine communities. At the end of the first program year, the AmeriCorps members will be responsible for launching at least five long-term capacity building projects as identified by their host communities. In addition, the AmeriCorps members will leverage 25 volunteers who will be engaged in long-term COVID-19 recovery activities, working with the local lifelong community team to address the needs of older residents who want to age in the community. This program will focus on the CNCS focus areas of Healthy Futures and Capacity Building.

**Identified partners:**

- |   |   |
|---|---|
| • AARP Maine                                    | • Area Agencies on Aging                    |
| • Lifelong Communities Fellows Program          | • Tri-State Learning Collaborative on Aging |
| • Maine Community Foundation                    | • Senior Companion Program                  |
| • Maine Office of Aging and Disability Services | • Retired and Senior Volunteer program      |

**Applicant proposes to deliver services: (select what the applicant states in their application that their program will cover:**

- |   |  |
|---|--|
| <input type="checkbox"/> Within a single municipality   | <input type="checkbox"/> Within a single County but not covering the entire County |
| <input type="checkbox"/> County-wide in a single County | <input checked="" type="checkbox"/> Multiple Counties but not Statewide            |
| <input type="checkbox"/> Statewide                      |  |

**Final Recommendation of Grant Selection and Performance Task Force:**

That the University of Southern Maine: UMaine Center on Aging proposal be awarded a 1-year AmeriCorps Planning grant with funding set at \$49,971 Federal Share and a grantee share of at least \$13,169. No corrections required.

**SCORING DETAIL****I. Summary of Peer Reviewer Consensus Scores***(update annually to match CNCS changes in point distribution or organization of narrative)*

| CATEGORY   | Final Ratings | Consensus Score |
|--|---------------|-----------------|
| <b>Rationale &amp; Approach/Program Design Section (50%)</b> |               |                 |
| Need and Target Community(ies)                               | Strong        | 15              |
| Response to Need   | Strong        | 15              |
| Readiness for Planning                                       | Strong        | 15              |
| Expertise and Training                                       | Strong        | 5               |
| <b>Organizational Capability Overall Rating 25%</b>          |               |                 |
| Organizational Background and Staffing                       | Strong        | 25              |
| <b>Cost Effectiveness and Budget Adequacy 25%</b>            |               |                 |
| Cost Effectiveness and Budget Adequacy                       | Strong        | 25              |
| Evaluation or Data Collection                                |               |                 |
| N/A  |               | N/A             |
| <b>Total</b>   |               | 100             |
| Strongly Recommend for Further Review                        |               |                 |

**II. Summary of Task Force Consensus Rating and Final Score:**

| Category  | Rating | Numeric Score     |
|---|--------|-------------------|
| <b>Program Alignment &amp; Model</b> (15 possible points) | Strong | 15                |
| <b>Past Performance</b> (15 possible points)              | Strong | 15                |
| <b>Financial Plan</b> (10 possible points)                | Strong | 10                |
| <b>Fiscal Systems</b> (10 possible points)                | Strong | 10                |
| <b>GTF Review Total:</b>                                  |        | 50 of 50 possible |

**III. Final Combined Score**

|              |                     |
|--------------|---------------------|
| <b>Total</b> | 150 of 150 possible |
|--------------|---------------------|

**Final Assessment of Application:**

- ☒ Fund with no Corrections  
☐ Fund with Corrections  
☐ Do Not Fund

## Referenced Conditions/Corrections:

1. None

## PEER REVIEWER COMMENTS COMPILED

### Section: Program Design (50 %)

#### Need and Target Community(ies)

At first it looked like they were using national trends (Ref. 2) to describe how COVID is impacting Maine. This is not true, mostly due to the State's response to the pandemic which has kept the pandemic at bay in some of our most rural communities. Unfortunately, the need is still there because of the economic and healthcare disruptions that the State faces due to the response to the pandemic.

The narrative compellingly addressed the assessment criteria while including additional relevant information and demonstrating a clear need for this project.

1. Thoroughly demonstrates the need for the LC AmeriCorps program. Uses thorough national and local data to outline how COVID-19 will severely impact rural Maine areas in terms of health as well as economic concerns, and how the situation is especially concerning for older people. It shows that rural communities will “face many high-need COVID-19 response issues” and could benefit from support by nonprofits in areas such as healthcare and housing. Additionally, references local Maine data and communication with communities and organizations such as AARP Maine to illustrate the challenges facing the existing lifelong community initiatives groups supporting old people in many rural Maine communities; they utilize many older volunteers to support these communities who are now at greater health risk due to COVID-19 and could certainly benefit from AmeriCorps volunteers.
2. Cites many studies and surveys of target communities, including by the Maine Association of Nonprofits, the UMaine Center on Aging in collaboration with the United Way of Eastern Maine, and AARP Maine, demonstrating the impact of COVID-19 on older communities as a priority issue and clearly outlines the specific needs of the community (good information for older people, food services, help with errands, staying socially connected) as well as the existing infrastructure of support for older citizens and how COVID-19 will cause significant issues with its effectiveness. Additionally, the CoA has had conversations with multiple communities in Maine that have expressed a desire for an AmeriCorps volunteer.
3. Clearly outlines a range of potential communities that could host the AmeriCorps program, including Machias, Caribou, Presque Isle, and more, and explains that its initial goal would be to establish AmeriCorps projects in five communities with the possibility of adding more. Thoroughly and convincingly explains the rationale for why these communities are being considered to host a project based on an outlined set of criteria. Also mentions the lifelong community initiatives groups currently working to support older people during the pandemic. The only critique against this section is that it lists out the communities rather than referring to the RUCA codes; however, the communities fit within the RUCA criteria.
4. The target population is older people in rural Maine communities. The challenges that this community will face during the COVID-19 pandemic are clearly explained by the data provided in this section.

#### Response to Need

Using the WHO guidelines in connection with how they would be applied to rural Maine helped frame their response into actionable items and the guidance from the AARP is also helpful.

The narrative adequately responds to this section's criteria, clearly demonstrating a wealth of potential partners as well as an outline of the proposed activities of the program while providing less detail about the specific steps that will be taken towards establishing connections with the

communities and how it will measurably improve the need in the community during the time of COVID-19.

1. The proposal describes the rationale for adding AmeriCorps members in the community, utilizing the WHO Global Network for Age-Friendly States and communities model (adapted for rural communities by the AARP) to outline the domains the program would impact. It argues that an AmeriCorps volunteer would positively impact those domains in a capacity building role by taking the lead in recruiting volunteers and working with them to implement the program. In the previous section, it also mentioned that AmeriCorps volunteers would be of value to existing community volunteers who are often older and vulnerable to COVID-19. The WHO model that it utilizes has been well researched and can be modified to adapt to various local communities.
2. The outlined solution is an adaption of the WHO model to rural Maine communities based on eight domains: Safe, affordable, and appropriate transportation; housing for all stages of life; community support and health services; accessible public spaces and buildings; reliable technology to communicate with friends and relatives and easy-to-find information about programs, services, and activities; opportunities for social participation; civic engagement and paid employment; and respect and social inclusion. The proposal describes the activities specific to Maine that the program would engage in to have impact in these eight domains. It also asserts that the UMaine Center on Aging would provide centralized training and support for the AmeriCorps volunteers. However, it could be clearer about how it will measurably improve the need in the community. The proposal previously outlined the severity of the issue of COVID-19 in rural Maine communities and demonstrated the need for the program, and the WHO model has been established to have impact in older communities. Despite this, the proposal does not go in depth about how the LC AmeriCorps program will improve the needs of the community in the context of COVID-19 and the associated economic fallout, which I believe is important during this time. More specifics would be useful.
3. The proposal lists a number of possible service activities that are linked to the eight domains of the WHO model, which include: volunteer transportation programs, pedestrian safety initiatives, home weatherization, volunteer home chore or repair programs, elder abuse awareness, disaster planning, adding park benches to parks or existing locations, ADA trails, social media campaigns, technology trainings, senior centers without walls, lifelong learning opportunities, volunteer and job fairs, intergenerational programming, and social opportunities for all ages. Although the proposal outlines these potential activities, it provides much less detail on the logistics – where these events would occur, how the AmeriCorps volunteer would establish connections with the existing volunteer organizations, and how the activities would be tailored to the specific aspects of COVID-19 recovery. These are important details that are not sufficiently addressed.
4. The proposal outlines many potential partners and funders to assist with the program, drawing on the UMaine Center on Aging’s extensive connections. Some examples of potential collaborative partners include the connections and resources gained from the Lifelong Communities Fellows program (which the CoA helped to develop), the Livable Communities Corps, AARP Maine, and a variety of others. It also proposes the Maine Community Foundation and the Maine Office of Aging and Disability Services as potential funding partners. The CoA LCF program already receives funding from the Maine Community Foundation, and they have had “preliminary discussions about how to best dovetail the Fellows program and LC AmeriCorps efforts in order to leverage matching funds.”
5. Described above. Both organizations are briefly described and clearly have expertise in

the field, but detail is not given about the personnel of the groups or the specific funding plans that the program would hope to institute.

### **Readiness for Planning**

Their team seems to be experienced and has prior experience with AmeriCorps grants (Dr. Crittenden specifically).

The narrative strongly responds to this section and shows a clear connection between the proposal and the CoA's values as well as why a grant is needed and the potential makeup of the team.

1. The proposal clearly outlines the LC AmeriCorps program as a continuation of the work the CoA has done to "facilitate activities on aging in the areas of education, research and evaluation, and community service to maximize the quality of life of older citizens and their families in Maine and beyond." The proposed program aligns with the mission and values of the CoA as well as its strategic plan.
2. A clear need for a planning grant is demonstrated. The desire for a planning grant is to construct a framework to extend prior experience with the CoA and develop the program to reach multiple communities. The planning grant will also allow the CoA to lock down the source for match grant funding to supplement the program.
3. The staff is described in great detail and clearly has a lot of experience that would be very relevant to the project. The lead staff person for planning is Dr. Jennifer Crittenden, the CoA Associate Director. Also identified as key staff members are Dr. Patricia Oh, who will serve as a Co-Director; Lenard Kaye, the CoA Director; David Wihry, the Project Evaluation Director; and Kelley Morris, CoA Administrative specialist.
4. The CoA plans to recruit many of the organizations it has previous connections to, such as the Maine AARP, Maine OADS, Maine Community Foundation, and more, to serve on the Advisory Group. Additionally, Lifelong Communities leaders from Maine will participate and give local insight to the Advisory Group's activities. The skills and resources they will provide are previously well established in their knowledge and connections. Their specific duties are briefly described, including assisting AmeriCorps members with their work and identifying training and funding resources. Because the CoA already has relationships with these stakeholders, it believes that the process of forming an AG will be expedited.

### **Expertise and Training**

Although it does not go into extreme detail, the narrative claims that the planning team members have experience in almost all the areas outlined in the assessment criteria. This makes sense as the team is comprised of academic experts from a large state institution, The University of Maine. Also, worth mentioning is that the team would have access to the University of Maine system's resources through the CoA, which they believe would be of benefit to them. However, the proposal acknowledges that the planning team lacks experience in developing AmeriCorps-specific programs and asks for support through the planning grant. It also plans to budget for a staff member to train in volunteer management and better support the program. Although this is a fairly large gap in knowledge, it can certainly be addressed through the support the grant would provide.

## **Section: Organizational Capability (25 %)**

### **Organizational Background and Staffing**

With the full organizational structure of the University of Maine System and the expertise of the staff they have on this proposal as well as a strong advisory committee. Their staff have specialization in fundraising, community connections, volunteer management, and best practices in working with an aging population.

The narrative compellingly displays how the CoA meets the criteria through its history of volunteer programming.

1. The CoA has extensive past experiences running volunteer projects big and small which have given it the infrastructure to be able to successfully run the LC AmeriCorps program. It also has the support of the University of Maine system, which would certainly be an asset in its work.
2. The proposal cites the CoA's work with the LCF program as an especially formative experience and proof that it can successfully run a large-scale volunteer project to support older communities in rural Maine.
3. The CoA has extensive experience in engaging volunteers that is central to its mission. Some of the organizations that it has collaborated with or developed include the AmeriCorps VISTA Senior Sense program, the Retired and Senior Volunteer program, and the Encore Leadership Corps program. These experiences show its capability in managing large teams of volunteers that would be crucial to its proposed program.
4. The proposal recognizes the strengths of the CoA – "its track record, staff expertise, partner connections, and...organizational infrastructure to support externally funded programming." It recognizes as a weakness its reliance on external funding to support its programming, limiting its access to internal matching funds from the University of Maine. Additionally, the COVID-19 pandemic may potentially present challenges to UMaine's funding, which could also be an issue for the CoA. However, the proposal believes that there is the possibility to explore new opportunities beyond their current focus on aging and lifespan work.
5. The proposal reports that the CoA collects data to inform its learning and decision making from a variety of sources and programs.
6. The proposal reports that the CoA issues an annual report to track its progress toward its strategic plan, and that each project has its own reporting and monitoring requirements in order to ensure return on investment.

## **Section: Cost and Budget Adequacy (25 %)**

Their budget seems to be in order and they do describe how they came up with the amount that they would be matching.

The narrative meets all the assessment criteria outlined for the budget in the RFP. The CNCS share of \$49,971 is within the appropriate range of funding for this type of proposal. The calculations for each line item are clear and detailed, and the budget complies with the instructions laid out in the RFP. The stated match is also clearly calculated and fits with the amount written in the budget. For the indirect cost rate, the proposal uses the federally approved indirect cost rate and outlines their calculations in accordance with current standards. Overall, the budget is detailed and acceptable for this type of grant.

**SUMMARY APPRAISAL** 1. Having reviewed all elements of the proposal provided to you, do you think that this applicant would be effective in this category of grant? Yes

### **Comments:**

The applicant would be able to draw on its extensive prior experience conducting large-scale volunteer programs to support older communities to effectively implement this proposal. They have demonstrated a clear need for this type of project to aid vulnerable populations during the COVID-19 pandemic, and the planning team is highly experienced and could draw on the resources of the University of Maine system. The

proposal has broadly outlined the hypothetical structure of the program and what kind of support it could give to specific rural areas and shows how the AmeriCorps volunteers would function within the communities. The applicant would also be able to utilize the extensive connections it has formed over the years to form a strong coalition to aid in implementing the program, and many of the local leaders it has been in contact with have expressed interest in having this kind of program in their community.

### **What elements of the proposal are unclear?**

The elements of the proposal that are most unclear are: how the program would improve the need, the concrete steps that would be taken to form connections between the AmeriCorps volunteers and local volunteers to build capacity, and how the activities of the program would be tailored to COVID-19 relief efforts. Although the proposal cites both relevant models such as the WHO model and the past experience of the CoA, it does not make fully clear how it intends to directly improve the need in communities through its programs. Although it shows that programs of the type it is proposing can be effective, more information about how it will directly improve the quality of life for older populations in rural Maine through its work, especially in the context of COVID-19, would be helpful. Additionally, it does not clearly establish how AmeriCorps volunteers will be connected with local volunteer leaders. Although the CoA has the relationships and has established contact with many locals, this proposal does not outline what that process will look like or what the infrastructure of the program will be beyond broad strokes. Finally, although it is intended to be a COVID-19 relief project, there is a certain lack of specifics about how its activities will connect to COVID-19. Most of the activities it is proposing are based on past models. The applicant does not explain in great detail whether it will implement COVID-specific activities designed to support older populations during the pandemic, and it does not describe how it will take precautions in working with older people who are most susceptible to the disease. Although these are certainly areas of the proposal that need more clarity, I do not believe they should disqualify the project from consideration.

### **What else do you have to say about this proposal?**

Though it is positive that they are looking at Millinocket, there are other areas of Northern Penobscot that could benefit from this program. Their Advisory Committee should take into consideration other parts of Northern Penobscot, Southern Aroostook, and Northern Washington Counties.

It would be a strong proposal to be funded and it is especially important to be considered due to the high need for COVID-19 support. Like the rest of the country and the world, Maine will be feeling the effects of the pandemic for years to come, and older populations in rural parts of the state will be extremely vulnerable. Establishing an AmeriCorps program specifically tailored to support them in the context of COVID-19 will go a long way towards helping them during this time.

### **TASK FORCE REVIEWER COMMENT DETAIL:**

#### **Program Model**

- Link to aging in place priority. Using reputable World Health Organization as a baseline model. Staff comments seem confident. It should be noted that at least twice it was mentioned that the model may change as the planning continues.
- The program model is based on the WHO Lifelong Communities framework (like the AARP model), which identifies a specific framework of issues to be addressed to ensure that seniors (as well as those of all ages) can live sustainably. These include transportation/food/healthcare/physical needs/social connection. This is a well-established model to address the needs of those desiring to age in place. The model proposes placing 5 AC members in rural communities to identify and address a locally identified issue/problem. The proposal is grounded on a variety of already existing partnerships with groups working in these areas and the communities to be selected. If the planning process is successful, the actual program will address an interest the Commission has wanted to further explore -



- aging in place. The proposal notes that the COVID pandemic has potentially worsened the situation for many in our communities due to their own health restrictions, those faced by many of the volunteers that have provided services, and the anticipated significant negative economic impact on rural communities. While it is hard to project the situation out 10 to 12 months into the future, it seems likely that this is correct, and that new models of service provision and volunteer recruitment may be required. While the situation may change over this time frame, the basic need, as documented in the proposal, will remain and is likely to get worse.

- Cites enough evidence to know that there are negative financial and social impacts of COVID 19 and leaves room in the proposal to figure out how to address them through the grant. The proposal focuses on older adults, rural areas, and capacity building, thereby hitting many priority areas. UM system very wisely leverages its efforts on the back of the Age Friendly Community system, which will allow it to increase impact without building redundant systems. The core group of collaborators are extremely well regarded in terms of work with Maine's aging population.

#### **Past Performance**

- Has a strong history of managing federal funding.
- Past experience with CNCS grants
- The University and the Center on Aging have a strong history in managing, administering, and evaluating grants, including from CNCS. They have a strong staff, including an individual with experience serving on the Maine Commission.
- UM System is an experienced leader in aging policy and research.

#### **Financial Plan**

- Strong plan, nothing of concern to note.
- Budget reasonable and without errors.
- The UMaine System is very capable of handling federal dollars. Their systems are built for compliance for federal awards and should have no trouble with managing the funds and reporting expenses.

#### **Fiscal Systems**

- Their financial systems and capacity are well established.
- Again, the organization has a strong history in managing and accounting for grants, including grants from the CNCS.
- Everything is in order. UMaine's Financial systems handle millions in federal dollars each year.

#### **Task Force Summary Appraisal**

*Having reviewed all elements of the proposal provided to you, do you think that this applicant would be effective?*

- Yes

***Why or why not? Please be specific and cite evidence from the proposal.***

- The link to the aging in place priority makes this an application to pursue.
- The applicant would be effective and that efforts to help move this forward would be beneficial for their proposed service areas and the Maine community.
- Strong base of expertise in issues of aging, including aging in place. A strong network of partners to provide support and mentorship to the AC members. A sound and proven program model. A very clear focus of effort: "to include various models of intentional planning that mobilize older adults and other community members to advocate for community changes or replacement programs and services that benefit residents of all ages, but especially older adults."
- Regardless of COVID 19 pandemic response, building capacity at the local level to improve services for Maine's older adults is needed based on nearly every indicator. UMaine's approach is data-based and

leverages existing systems in the community. Local communities need leadership and person power, so this proposal should be well-received by communities.

***What elements of the proposal are unclear?***

- The proposal talks about placing five AC members and recruiting 25 volunteers. It is unclear if that means 25 total volunteers or 25 for each AC member.
- None, that I can see.

***What else do you have to say about this proposal?***

- This looks like a great opportunity for the Commission to hopefully fund a program addressing aging in place.